

**IMPORTANT INSTRUCTIONS:** Submitting Documents for *UCI Health- Fountain Valley*  
**CAREFULLY READ AND FOLLOW ALL STEPS LISTED BELOW.**

**1. Complete and Sign this Check-off Sheet:**

- You may sign the form either **physically (by hand) or digitally.**
- **Helpful Hint:** For digital signatures, use tools like Adobe Acrobat or your device's built-in signing features. Your campus login gets you desktop and mobile apps including [Adobe Creative Cloud](#).

**2. Review the following:**

- Orientation Packet
- Student Nurse Co-Signing Process

**3. Review, sign, and submit the following:**

- UCI Confidentiality Agreement
- Security Form and Contract Personnel
- Information Privacy and Security Education Attestation
- COVID Attestation
- Orientation Information Acknowledgement Form
- Artificial Nails Policy

**4. Include a copy of the following – downloaded from DISA-CastleBranch:**

- Measles, Mumps, and Rubella titer: If negative, follow-up vaccines must be included
- Varicella titer: If negative, follow-up vaccines must be included
- Hepatitis B titer: If negative, follow-up vaccines must be included
- TB screening: Must be current, within the past 12 months
- TDAP vaccination record
- COVID vaccine with booster OR signed COVID declination form
- Flu vaccine record

*This is required during the flu-season months only (October through May).*

**FALL Semester Students:** We will access your Flu Vaccine record in early October through Castle Branch.

**SPRING Semester Students:** Please include a copy of your Flu Vaccine record with your document packet.

**5. Scan Your Documents (if needed):**

- **SCAN** all required pages into one PDF document (NO JPEGs or separate files).
- **Helpful Hint:** If you have JPEGs or image files, paste them into a Word document and save as a PDF.
- Use free smartphone scanner apps (e.g., Apple Notes, Google Drive mobile app, Genius Scan, or Tiny Scanner) to convert images to PDFs when necessary.

**6. Submit Your Packet:**

- **Email the completed PDF** (as 1 PDF File), including the Check-Off sheet, to [nursingdocs@fullerton.edu](mailto:nursingdocs@fullerton.edu)

I have reviewed all instructions and materials, verified them, and completed all facility-specific requirements listed above for the site I will be attending.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_